(REV. 2002)

FORM G-49 STATE OF HAWAII — DEPARTMENT OF TAXATION **ANNUAL RETURN & RECONCILIATION**

GENERAL EXCISE/USE TAX RETURN

FOR CALENDAR YE	AR		
OR FISCAL YEAR ENDING		/ /	/
	MO	DAV	VD

DO NOT WRITE IN THIS AREA	16

NAME:

G.E	./USI).	NO					

THIS ANNUAL RETURN MUST BE FILED ON OR BEFORE THE TWENTIETH DAY OF THE FOURTH MONTH FOLLOWING THE CLOSE OF THE CALENDAR OR FISCAL YEAR.

ا .	SCHE	ULE	A — ACTIVITIES	UND	ER CHAPTER	237,	HRS	— GENERA	L EX	CISE T	AX LAW		
FORM VP-1 HERE	BUSINESS ACTIVITIES	BUS. ACT. CODE	VALUES, GROSS PROC OR GROSS INCOM		EXEMPTIONS/DEDUCT (EXPLAIN ON REVERSE b		c (TAXABLE INCOME Column a minus column	ı b)	RATE	TAXES	3	
<u>-</u>	WHOLESALING	1								.005			1
5	MANUFACTURING	2								.005			2
≅I	PRODUCING	3								.005			3
اق	SUGAR PROCESSING	4								.005			4
	PINEAPPLE CANNING	5								.005			5
	SERVICES RENDERED FOR	6								.005			6
	INSURANCE COMMISSIONS	7								.0015			7
ORDER	RETAILING	8								.04			8
	SERVICES INCL. PROFESSIONAL	9								.04			9
ش	CONTRACTING	10								.04			10
MONEY	THEATER AMUSEMENT AND BROADCASTING	11								.04			11
≥	INTEREST	12								.04			12
삐	COMMISSIONS	13								.04			13
	TRANSIENT ACCOMMODATIONS RENTALS	14								.04			14
ΨĮ	OTHER RENTALS	15								.04			15
히	ALL OTHERS	16								.04			16
ATTACH CHECK		SCH	HEDULE B — ACT	VITIE	S UNDER CH	<u>APTI</u>	ER 23	88, HRS — US	SE TA	X LAV	V		
ا۲	IMPORTS FOR RESALE AT RETAIL	17								.005			17
ㅣ	IMPORTS FOR CONSUMPTION	18								.04			18
٠	IF YOU DO NOT HAVE ANY	GROS	SS INCOME AND THE I	RESUL	T IS NO TAX DUE,			TOTAL TAXES					
	ENTER "0" IN EACH COLUM	N OF	YOUR BUSINESS ACT	IVITY(I	ES) AND		19.	(ADD LINES 1 -	– 18)				19
	LINES 19 AND 31.						20a.	PENALTY \$					
	NATURE OF YOUR BUSINI	ESS					20b.	INTEREST \$					20
							21.	TOTAL AMOUN (ADD LINES 19		20)			21
	22. TOTAL TAXES PAID WITH YOUR MO	NTHLY,	QUARTERLY, OR SEMIANNUAL RET	URNS FOR	R THE PERIOD. EACH MONTH	łLY,	22.						
	23. ADDITIONAL ASSESSMEN						23.						
	24. PENALTIES \$		NTEREST \$		DURING THE PER	IOD.	24.				1		
	25. TOTAL PAYMENTS M.												25
	26. CREDIT TO BE REFUI		· · · · · · · · · · · · · · · · · · ·	21).									26
	27. TAXES DUE AND PAY		`										27
	28. FOR LATE F		NC ONI V A	,			28a.	PENALTY \$					
	28. FUR LATE F	ILII	NG UNLT				28b.	INTEREST \$			1		28
	29. TOTAL AMOUNT DUE	AND	PAYABLE (ADD LINE	S 27 A	ND 28).								29
	30. PLEASE ENTER AMOUNT O	F YOU	R PAYMENT (Attach your che	k or mon	ney order payable to "HA"	WAII S	TATE TA	X COLLECTOR" in U	I.S. dolla	rs			
	drawn on any U.S. bank AND	Form V	P-1 to Form G-49. Write "GE",	the filing	period, and your G.E. ID.	. No. on	your che	eck or money order.)					30
	31. GRAND TOTAL EXEM	PTIO	NS/DEDUCTIONS FRO	OM BA	CK OF FORM.		31.						

SIGNATURE T	ITLE	DATE
IN THE CASE OF A CORPORATION OR PARTNERSHIP, THIS RETURN MUST BE SIGNED B	of An Officen, PARTINER OR MEMIDER, O	R DULY AUTHORIZED AGENT.
IN THE CASE OF A CORPORATION OR PARTNERSHIP. THIS RETURN MUST BE SIGNED B	V AN OFFICED DADTNED OD MEMBER O	D DI II V AI ITHODIZED ACENIT

DECLARATION: I declare, under the penalties set forth in section 231-36, HRS, that this return (including any accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith for the tax period stated, pursuant to the General Excise and Use Tax Laws, and the rules issued thereunder. I also reaffirm the statements on my application (as amended).

- MAILING ADDRESSES -

OAHU DISTRICT OFFICE P. O. BOX 1425 HONOLULU, HI 96806-1425 MAUI DISTRICT OFFICE P. O. BOX 1427 WAILUKU, HI 96793-6427

HAWAII DISTRICT OFFICE P. O. BOX 937 HILO, HI 96721-0937

KAUAI DISTRICT OFFICE P. O. BOX 1687 LIHUE, HI 96766-5687

LIST DETAILS CONCERNING "EXEMPTIONS" AND "DEDUCTIONS" CLAIMED.

If claims are not explained here, deductions and/or exemptions will be disallowed and proposed assessments prepared against you. If you are claiming a deduction for payments to subcontractors, you must indicate the subcontractor's name and general excise license number. If claiming a deduction for certain leases and subleases of real property, complete Form G-72 and enter the amount of your sublease deduction below. You must also list the name and general excise tax license number of the Lessor and the total amount you paid the Lessor.

number of th	ne Lessor and the total ar	mount y	ou paid the Lessor.
	ONS AND DEDUC	TION	
LINE NO.	AMOUNT		SCHEDULE A — ACTIVITIES UNDER CHAPTER 237, HRS — GENERAL EXCISE TAX LAW
			SUBTOTAL — SCHEDULE A
LINE NO.	AMOUNT		SCHEDULE B — ACTIVITIES UNDER CHAPTER 238, HRS — USE TAX LAW
			SUBTOTAL — SCHEDULE B

(If more space is needed, please attach your schedule.)

GRAND TOTAL (Transfer to front page, line 31.)

ENTER THE TAXES PAID WITH YOUR PERIODIC RETURNS (MONTHLY, QUARTERLY OR SEMI-ANNUALLY), AND IN RESPONSE TO ANY RELATED NOTICES OF DELINQUENCY, FOR THE TAX YEAR REPORTED ON THIS RETURN.									
MONTH A	MOUNT MONTH	AMOUNT	MONTH A	MOUNT I	MONTH	AMOUNT			
\$		\$	_		(\$			
\$		\$	_		(\$			
\$			\$			\$			
1st QTR \$	2nd QTR	\$	3rd QTR \$		4th QTR	\$			
1st SEMIANNUA	L PERIOD \$		2nd SEMIANNI	JAL PERIOD \$					